

MARICOPA COUNTY

SPENDING ACCOUNT ENROLLMENT FORM
BEFORE YOU COMPLETE THIS FORM, READ THE INSTRUCTIONS ON THE BACK

BENEFITS DEPARTMENT USE ONLY

Effective Date: _____

Hire Date: _____

Validation: _____

PLEASE PRINT OR TYPE USING BLACK INK

REASON FOR FORM

☐ New Hire ☐ Open Enrollment ☐ Cancellation ☐ Address Change

☐ Name change (Former Name): _____

☐ Family Status Change: _____

Are you a MIHS Employee? ☐ Yes ☐ No

EMPLOYEE INFORMATION

* DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER (SSN) IS MANDATORY UNDER THE FEDERAL TAXATION LAWS AND WILL BE USED ON A EMPLOYEE'S W-2'S

SOCIAL SECURITY #	LAST NAME	FIRST NAME	MI	ASSIGNED DEPARTMENT
MAILING ADDRESS		CITY	STATE AZ	ZIP CODE
				WORK PHONE

HEALTH CARE FLEXIBLE SPENDING ACCOUNT

THE HEALTH CARE FLEXIBLE SPENDING ACCOUNT PAYS FOR CERTAIN HEALTH CARE EXPENSES NOT COVERED BY INSURANCE. BEFORE YOU DECIDE HOW MUCH TO SET ASIDE IN YOUR ACCOUNT, USE THE ESTIMATOR ON THE BACK OF THIS FORM. KEEP IN MIND THAT THE PLAN YEAR CONTRIBUTION IS LIMITED TO \$5,200 AND THE PLAN YEAR RUNS FROM JANUARY 1ST THROUGH DECEMBER 31ST.

☐ I elect to establish a Health Care Spending Account for the PLAN YEAR January 1st through December 31st, 2001

\$ _____ (WHOLE DOLLARS ONLY) X _____ * PAY PERIODS = \$ _____
PER PAY PERIOD DEDUCTION (178) PLAN YEAR ELECTION (178)

CHILD DAY CARE or ELDER DAY CARE FLEXIBLE SPENDING ACCOUNT

THE DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT PAYS FOR DEPENDENT CARE (CHILD CARE OR ELDER DAY CARE) EXPENSES. PLAN YEAR CONTRIBUTIONS ARE LIMITED TO \$5000. HOWEVER, IF YOU ARE MARRIED AND FILE A SEPARATE TAX RETURN, THE MAXIMUM ANNUAL CONTRIBUTION IS LIMITED TO \$2,500. IF YOU ARE MARRIED AND FILE A JOINT TAX RETURN, THE MAXIMUM ANNUAL CONTRIBUTION IS LIMITED TO THE LESSOR OF YOUR EARNED INCOMES. KEEP IN MIND THAT THE PLAN YEAR RUNS FROM JANUARY 1ST THROUGH DECEMBER 31ST. THIS IS NOT FOR YOUR DEPENDENTS' HEALTH CARE EXPENSES.

☐ I elect to establish a Dependent Care Flexible Spending Account for the PLAN YEAR January 1st through December 31st, 2001

\$ _____ (WHOLE DOLLARS ONLY) X _____ * PAY PERIODS = \$ _____
PER PAY PERIOD DEDUCTION (177) PLAN YEAR ELECTION (177)

CHECK ONE: ☐ Single ☐ Married Filing Jointly ☐ Married Filing Separately

STATEMENT OF UNDERSTANDING

YOU MUST HAVE A "QUALIFIED FAMILY STATUS CHANGE" AS DEFINED BY THE INTERNAL REVENUE CODE SECTION 125 IN ORDER TO CHANGE MEDICAL, DENTAL OR FLEXIBLE SPENDING ACCOUNTS AFTER JANUARY 01, 2001. PLEASE REVIEW THE MARIPLAN BROCHURE FOR FURTHER INFORMATION ON HOW TO MAKE CHANGES TO YOUR INSURANCE PLANS DURING THE COURSE OF THE PLAN YEAR.

I HAVE READ AND UNDERSTAND THE RULES GOVERNING THE FLEXIBLE SPENDING ACCOUNT PROGRAM AS STATED ON THE BACK OF THIS FORM. I HEREBY AUTHORIZE THE APPROPRIATE PAYROLL DEDUCTION BASED ON MY ELECTIONS ABOVE.

EMPLOYEE SIGNATURE _____

DATE _____

FLEXIBLE SPENDING ACCOUNT ESTIMATOR

IN GENERAL, YOU MAY USE YOUR HEALTH CARE SPENDING ACCOUNT TO PAY FOR ANY HEALTH CARE EXPENSES **NOT** COVERED BY INSURANCE (E.G., DEDUCTIBLES, COPAYMENTS AND OTHER OUT-OF-POCKET EXPENSES FOR THE PREVENTION, DIAGNOSIS, TREATMENT AND CARE OF A PHYSICAL OR MENTAL ILLNESS, INJURY OR DISEASE AND TRANSPORTATION FOR NECESSARY HEALTH CARE) THAT WOULD NORMALLY QUALIFY AS IRS DEDUCTIONS.

MONEY CONTRIBUTED TO YOUR FLEXIBLE SPENDING ACCOUNT (HEALTH CARE & DEPENDENT CARE) IS TAX FREE (NOT SUBJECT TO FEDERAL, STATE OR SOCIAL SECURITY TAXES). HOWEVER, SINCE UNUSED ACCOUNT BALANCES AT THE END OF THE YEAR ARE FORFEITED, IT'S IMPORTANT TO ACCURATELY ESTIMATE YOUR TOTAL OUT-OF-POCKET EXPENSES FOR THE UPCOMING YEAR. THIS ESTIMATOR WILL HELP YOU FIGURE OUT HOW MUCH YOU MAY WISH TO DEPOSIT.

ESTIMATING YOUR HEALTH CARE SPENDING ACCOUNT

WHOLE DOLLARS

1. TOTAL ESTIMATED MEDICAL PLAN DEDUCTIBLE FROM THE EFFECTIVE DATE OF YOUR PLAN PARTICIPATION TO 12/31 \$ _____
2. TOTAL ESTIMATED DENTAL PLAN DEDUCTIBLE FROM THE EFFECTIVE DATE OF YOUR PLAN PARTICIPATION TO 12/31 \$ _____
3. TOTAL ESTIMATED COPAYMENTS DEDUCTIBLE FOR MEDICAL AND DENTAL FROM THE EFFECTIVE DATE OF YOUR PLAN PARTICIPATION TO 12/31 \$ _____
4. TOTAL ESTIMATED UNCOVERED VISION CARE EXPENSES (E.G., EYE EXAMS, GLASSES, CONTACT LENSES) FROM THE EFFECTIVE DATE OF YOUR PLAN PARTICIPATION TO 12/31 \$ _____
5. TOTAL ESTIMATED HEALTH CARE EXPENSES NOT COVERED BY INSURANCE (E.G., ORTHODONTIA, HEARING AIDS) FROM THE EFFECTIVE DATE OF YOUR PLAN PARTICIPATION TO 12/31 \$ _____
6. TOTAL YOU MAY WISH TO DEPOSIT \$ _____
(TO 12/31)

NOTE: TO ESTIMATE THE AMOUNT THAT WILL BE DEDUCTED FROM EACH PAYCHECK (WHOLE DOLLARS ONLY)

DIVIDE THE "TOTAL YOU MAY WISH TO DEPOSIT" \$ _____ BY _____ PAY PERIODS = \$ _____
PAY PERIOD DEDUCTION ESTIMATE
(WHOLE DOLLARS ONLY)

ESTIMATING YOUR DEPENDENT CARE SPENDING ACCOUNT

ESTIMATE YOUR DAY CARE EXPENSES

NUMBER OF WEEKS BEGINNING FROM YOUR EFFECTIVE DATE OF PLAN PARTICIPATION

TO 12/31 _____ X ESTIMATED COST PER WEEK \$ _____ = ESTIMATE \$ _____
(TO 12/31)

NOTE: TO ESTIMATE THE AMOUNT THAT WILL BE DEDUCTED FROM EACH PAYCHECK (WHOLE DOLLARS ONLY)

DIVIDE THE "ESTIMATE" \$ _____ BY _____ PAY PERIODS = \$ _____
(WHOLE DOLLARS ONLY)

HIGHLIGHTS OF RULES FOR THE FLEXIBLE SPENDING PROGRAM

- ✓ DURING THE OPEN ENROLLMENT PERIOD, I MUST COMPLETE A FLEXIBLE SPENDING ACCOUNT ENROLLMENT FORM IN ORDER TO PARTICIPATE IN EITHER FLEXIBLE SPENDING ACCOUNT FOR THE FOLLOWING CALENDAR YEAR.
- ✓ IF I ENROLL AFTER THE BEGINNING OF A NEW PLAN YEAR, MY CONTRIBUTION WILL ONLY BE USED FOR EXPENSES I INCUR FROM THE EFFECTIVE DATE OF MY PARTICIPATION UNTIL THE END OF THE CURRENT PLAN YEAR.
- ✓ I MAY NOT CHANGE OR STOP MY DEPOSITS TO EITHER FLEXIBLE SPENDING ACCOUNT DURING THE PLAN YEAR UNLESS MY FAMILY STATUS CHANGES (BIRTH OR ADOPTION OF A CHILD, DIVORCE, MARRIAGE, DEATH OR CHANGE IN A SPOUSE'S EMPLOYMENT)
- ✓ I WILL FORFEIT ANY UNUSED ACCOUNT BALANCE AT THE END OF ANY PLAN YEAR.
- ✓ EXPENSES PAID THROUGH MY FLEXIBLE SPENDING ACCOUNTS ARE NOT ELIGIBLE FOR INDIVIDUAL TAX CREDITS OR PERSONAL DEDUCTIONS ON MY INCOME TAX RETURN.
- ✓ THE PAYROLL DEDUCTIONS I HAVE AUTHORIZED WILL BE MADE ON A BEFORE-TAX BASIS IN EQUAL INSTALLMENTS OVER THE 12-MONTH PERIOD BEGINNING WITH MY FIRST PAYCHECK IN JANUARY, OR IF PARTICIPATION BEGINS DURING THE YEAR, THE FIRST PAYCHECK AFTER THE EFFECTIVE DATE OF MY PARTICIPATION AND WILL BE IN EQUAL INSTALLMENTS DURING THE REMAINDER OF THE PLAN YEAR.
- ✓ MY CONTRIBUTIONS TO THE FLEXIBLE SPENDING ACCOUNT PROGRAM MAY LIMIT THE AMOUNT I CAN CONTRIBUTE TO THE DEFERRED COMPENSATION PLAN.